

# Houston Health

Spring 2001  
Houston Department of  
Health and Human Services



*A Quarterly Newsletter for Advisory Councils of the Houston Department of Health and Human Services*

## Progress against syphilis, TB, barriers to newborns

**Houston Health highlights recent strides against local infection rates of syphilis and tuberculosis and improvements in removing obstacles to good health for newborns.**

### New TB cases at 25-year low

The latest statistical data collected by the Houston Department of Health and Human Services (HDHHS) reveals that new tuberculosis cases in Houston and Harris County declined in 2000 to the lowest level since 1975.

The data shows that new tuberculosis cases recorded by the department last year totaled 403, almost a 50 percent reduction since 1995 when a record 786 cases were reported in Houston and Harris County.

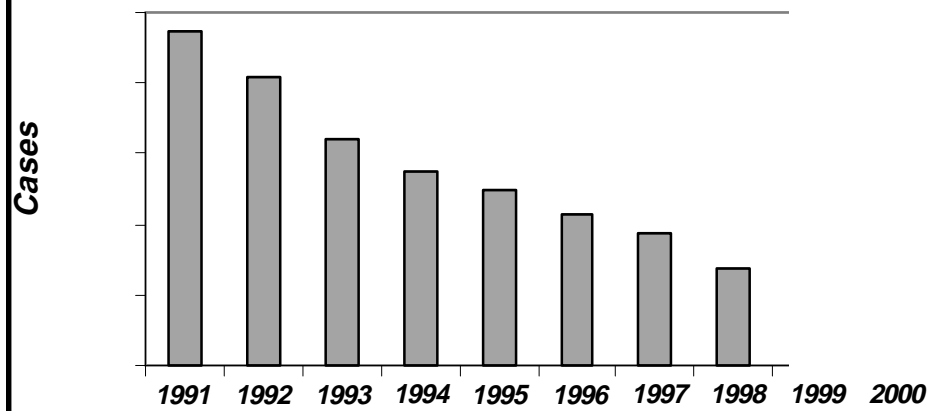
"Although TB rates are declining in Houston and the rest of the country, we must continue our rigorous vigilance," said Marcos Longoria, Bureau Chief with HDHHS' Tuberculosis Control. "Tuberculosis continues to be a major public health problem and a single case has the potential to become an outbreak if not promptly recognized and treated."

TB is an airborne disease caused by the *Mycobacterium tuberculosis* bacteria, which can attack any part of the human body but usually accumulates in the lungs. It is transmitted from one person to another when someone with TB disease of the lungs or throat either coughs or sneezes and people nearby inhale the bacteria and become infected.

People with TB infection have no symptoms, don't feel sick and can't

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### Syphilis in Houston



### Syphilis elimination on horizon

Today, eliminating syphilis in Houston and Harris County seems within reach.

The newest Houston Department of Health and Human Services (HDHHS) statistics point to an impressive 38 percent decrease in the number of syphilis cases reported in the area during 1998 to 2000, bolstering the possibility – and expectation – that the goal of elimination could be attained soon.

The number of syphilis cases dropped from 1,379 in 1998 to 847 in 2000, bringing the area rate per 100,000 population down from 42.9 to 25.9.

The decline in the number of cases proves even more dramatic when comparing 2000 to the early 1990s and more specifically to the peak year of the syphilis epidemic, 1991, when 4,726 cases were reported. The 2000 figure translates into an 82 percent drop since 1991.

"This is a great time to eliminate syphilis," said John Paffel, STD Prevention Program Manager with the Bureau of HIV/STD Prevention. "The goal is to eliminate it in five years."

In 1999, the Centers for Disease Control and Prevention set a national goal to reduce primary and secondary, or early, syphilis cases to 1,000 or fewer and to increase the number of syphilis-free counties to 90 percent by 2005.

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema Pallidum*, which passes from one person to person through direct

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# STD plan aims to eliminate syphilis in 5 years

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contact with a sore, called a chancre. Syphilis, if left untreated, can result in damage to the body's organs and even death.

Although it is uncertain what primarily contributed to the drastic decline, Paffel said a factor which more than likely played a significant role in the decrease was the tremendous resources designated in the United States to HIV and AIDS prevention, mostly in the form of education initiatives. He said the mass media also made an important contribution by focusing over the years on changing the behaviors that put people at risk for HIV and other STDs.

A crucial local factor was the 10-year effort by HDHHS to expand clinical services, going from one STD clinic to four and thus improving accessibility for people who are at-risk for syphilis and other STDs. "People are able to get in quicker to a clinic and are seen (by health care professionals) in a more timely manner," Paffel said. "We have a full staff of public health investigators who follow up on reported cases to make sure people have appropriate treatment and seek their sexual contacts to provide them with screening and treatment if needed."

Other factors include two screening programs, one at the county jail, where one fourth of all 1998 syphilis cases in Harris County were detected, and another for women infected with chlamydia, the most prevalent STD. The chlamydia program has screened thousands of women and provided them with antibiotics, which could coincidentally be eliminating a lot of incubating syphilis infections, Paffel said.

Yearly declines in the local rate mirror nationwide trends showing a plummeting number of cases. Still, Harris County is one of about 30 counties in the country disproportion-

ately affected by syphilis. The other Texas region with a high morbidity is Dallas County.

HDHHS' stepped up efforts to eradicate syphilis involve enhancing surveillance. The department works closely with medical providers to ensure they have the latest treatment information and encourages them to report new cases in a timely manner, optimally within 24 hours. Once cases are reported, HDHHS can follow them epidemiologically.

"We can look at cases to see where they are coming from, what populations are getting syphilis, and what behaviors are involved," Paffel said. "We then can develop plans to target more intense efforts within those communities."

The Bureau of HIV/STD Prevention and the Bureau of Epidemiology puts each case "under the microscope" to respond more quickly to shifts in the spread of the disease. During the first three months of this year, the Bureau of Epidemiology detected an increase of early syphilis cases among men who have sex with men. The proportion of cases among this particular population increased to 28 percent from 17 percent compared to the same time period in 2000, a rise which may reflect a recent national trend of syphilis outbreaks occurring among men who have sex with men.

Paffel said HDHHS is monitoring closely the Houston increase among men who have sex with men.

A recent alert that the Bureau of

See Increased, page 3

## Syphilis Facts

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema Pallidum*, which passes from one person to another through direct contact with a sore. The sore occurs during the early stage, known as the primary stage, and if adequate treatment is not administered, the infection progresses to the secondary stage when one or more areas of the skin break into a rash that usually does not itch. In addition to rashes, second stage symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue.

The latent (hidden) stage of syphilis begins when the secondary symptoms disappear. Despite the lack of signs or symptoms, syphilis infection will persist if left untreated. The bacterium remains in the body and begins to damage the internal organs, including the brain,

nerves, eyes, heart, blood vessels, liver, bones and joints. In about one-third of untreated people, this internal damage shows up many years later in the late or tertiary stage of syphilis. Late stage signs and symptoms include uncoordinated muscle movement, paralysis, numbness, gradual blindness, dementia or other personality changes, impotency, shooting pains, blockage or ballooning of the heart vessels, tumors or "gummas" on the skin, bones, liver, or other organs, severe pain in the belly, repeated vomiting, damage to knee joints and deep sores on the soles of the feet or toes. This damage may be serious enough to cause death.

Syphilis, like other STDs, increases the risk of infection with HIV.

Source: Centers for Disease Control and Prevention (CDC)

## Immunization campaign features Comets player

The Houston Department of Health and Human Services (HDHHS) has produced new public service announcements for radio and television about the importance of child immunizations. The spots feature Houston Comets Sheryl Swoopes instructing a toddler on how to take a shot.

The 30-second television spot and 60-second radio spots aired on local stations in May as part of the National Infant Immunization Week activities. The promotional effort was funded by a \$100,000 grant from the Centers for Disease Control and Prevention.

"I am very pleased that the Health Department was able to collaborate with the Houston Rockets and Comets to develop these creative spots to address a very serious problem in Houston," said Mayor Lee Brown.

"As an organization we are focused on the needs of our community. As a professional athlete

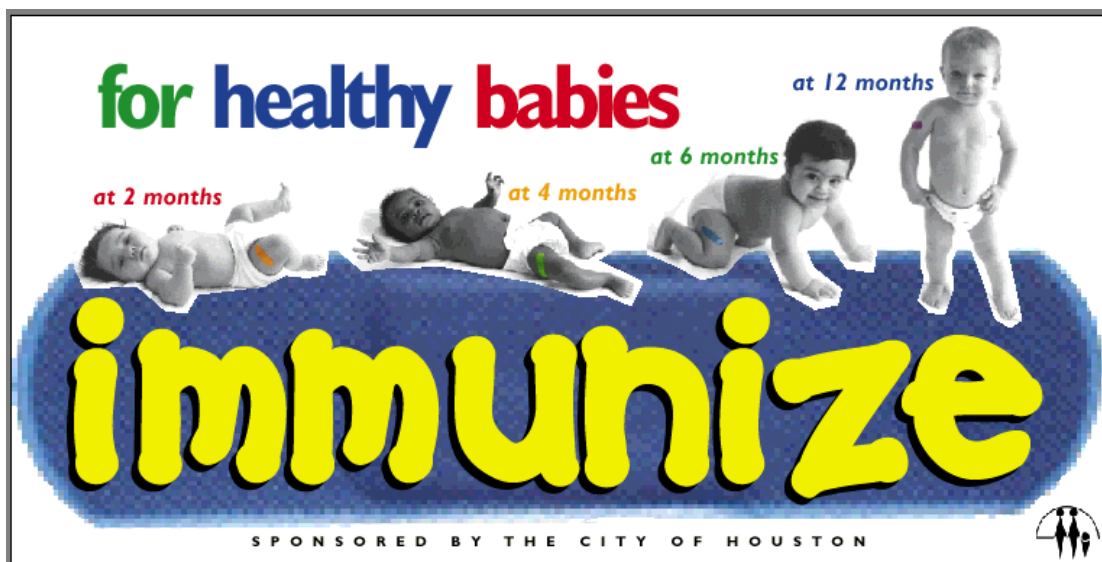
and mother of a young child Sheryl Swoopes is a powerful spokesperson for the immunization message," said Rockets and Comets owner Leslie Alexander.

The campaign also includes a poster that will eventually be turned into a billboard.

Houston has historically ranked at or near the bottom of national infant immunization surveys. The most recent survey indicated that Houston had improved its immunization rate to

69 percent of two-year-olds adequately immunized, up from 67 percent last year. Houston was ranked 26<sup>th</sup> out of 26 measured cities in 1999, 20<sup>th</sup> in 2000.

"We still have a lot of work to do to bring our infant immunization rates to the desired goal of 90 percent," said Brock Lamont, HDHHS Immunization Bureau Chief. "But our slow and steady improvements in the past three years is significant in view of declining national trends."



## Increased efforts call for community plan, input

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HIV/STD sent out to medical providers represents an example of a faster response. Through the alert, the Bureau of HIV/STD Prevention informed health care professionals of the increase and reminded providers of the need to increase testing, make sure infected people are treated promptly and refer the sexual contacts of infected people to HDHHS for partner services.

Increased efforts also call for creating an outbreak response plan, currently being developed by the STD program and Bureau of Epidemiol-

ogy. "We need community input on the region's plan," Paffel said. "Once we finish it and in the event we have a true outbreak, we will be able to take quick action to contain it."

To obtain additional participation from the community, the bureau recently formed an STD coalition, an initiative modeled after the Houston HIV Prevention Community Planning Group created in 1994. Like the HIV group, the new community coalition will help assess prevention activities and identify future interventions that will further decrease the incidence of syphilis and other STDs.

The bureau requested assistance for this community-focused initiative from the Texas Department of Health, which will support the effort through a contract with the University of Texas-Houston, School of Public Health. Under the contract, the bureau will receive technical assistance with its coalition building efforts from the school.

"It is extremely important that we work closely with the community as we develop our prevention strategies," Paffel said. "With that ingredient, we will be more successful in eliminating syphilis."

# WIC program continues striking growth trend

The Women, Infants and Children (WIC) Nutrition Program at the Houston Department of Health and Human Services (HDHHS) maintains a remarkable growth trend serving more families year after year.

Already the second largest in the nation and the largest in the Texas, HDHHS' WIC program provided nutritional education and nutritious foods to a record 71,043 people in the year 2000. In fact, during the past 16 years, the program always exceeded the number of people served the previous year except for 1987 and 1998.

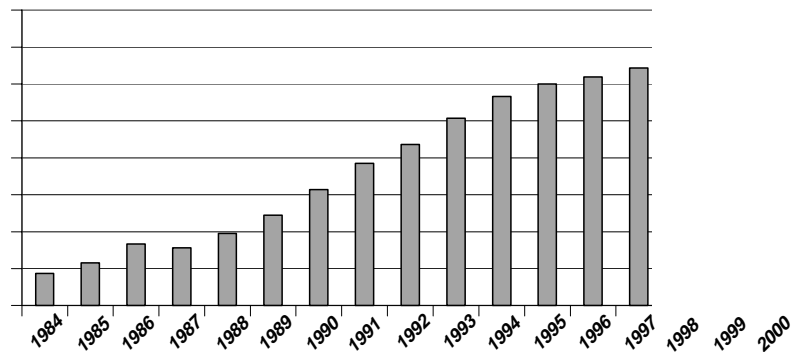
"Our caseload is at the highest point it has ever been in our program's history," said Faye M. Walker, Chief of the Bureau of WIC Nutrition Services. "Our caseload is growing and we know that the same holds true for the two other WIC programs in our area."

Although Houston is thought to have enjoyed a relatively good economic period the past few years, more and more working families are eligible for the services provided by HDHHS' WIC program. "Many working families still fall within our guideline of 185 percent of poverty," she said. "That means greater challenges ahead because resources are not growing at the same pace as the need."

WIC's goal is to reduce premature births, low birth weight, the fetal death rate and long-term medical expenses by targeting services to pregnant women, breastfeeding mothers, women who have given birth in the last six months and children up to age five who have nutrition health-related problems.

Once eligibility is determined, participants receive counseling, nutrition education and vouchers for foods supplying significant amounts of protein, iron, vitamin C, calcium and

## WIC Annual Participation Totals



other nutrients needed for proper infant growth and development.

Typically, WIC provides prenatal and breastfeeding support for mothers, formula for infants who are not breastfeeding and supplemental foods such as cereal, eggs, milk, juice, peanut butter and cheese for women and children. Also, each participating infant or child and their siblings

shown that WIC participation during pregnancy reduces the incidence of low birth weight infants by 25 percent and very low birth weight by 44 percent.

A multi-year medical evaluation supported by the U.S. Department of Agriculture found that women who participated in WIC had longer pregnancies, a 23 percent decrease in premature births among white women with less than a high school education and a 15 percent decrease among black women with less than a high school education. Premature births are one of the leading causes of deaths among infants.

A single woman with an annual income of less than \$15,488 qualifies for WIC services as well as a family of four with an annual income of less than \$31,543. It has been shown that virtually all women and children who are income-eligible are at nutritional risk for anemia or an insufficiently nourishing diet.

Single fathers, grandparents and foster parents may be eligible for WIC services for their children.

WIC, funded nationally by the USDA and at the state level by the Texas Department of Health, has a strong outreach component because it

## Studies show every dollar invested in WIC saves \$3 in Medicaid costs

receive immunizations at no cost.

In addition, WIC staff will make referrals to medical and dental services, prenatal care, early childhood intervention, family planning, parenting and literacy classes, temporary assistance, school and summer lunch programs, food pantries, job banks and shelters. Referral programs include Head Start, Medicaid, Texas Health Steps - EPSDT and the Children's Health Insurance Program.

Walker said that studies have

# Rate of new tuberculosis cases cut to 1975 level

continued from page 1

spread TB to others because the bacteria remain inactive. However, they may develop the disease later in life. With preventive therapy, they are unlikely to develop the disease.

TB disease develops when the infected person's immune system can't contain the germs' growth. Although the initial infection is usually in the lungs, the bacteria can move through the blood to different parts of the body such as the kidney, spine and brain.

The disease can almost always be cured with medicine. The bacteria die slowly. To ensure all are killed, the treatment calls for taking several different drugs for at least six months.

People who don't take the medicine regularly or who stop taking it when they begin feeling better after a few weeks put themselves and family and friends in a dangerous situation. The bacteria may begin to grow again, causing people with the disease to become infectious once more, making

them sick for an even longer time period and vulnerable to multi-drug resistant TB disease. It is more difficult to treat multi-drug resistant TB because patients may need new, different drugs to kill the bacteria if the old drugs no longer work. These new drugs have to be taken for a longer time and usually have more serious side effects.

Last year, HDHHS' Tuberculosis Control program provided 1,798 people with directly observed therapy (DOT), an intervention in which field staff deliver medication to a patient's home, work or school several times a week, monitor for side effects and observe the patient taking the drugs.

HDHHS has seen an increase in the rate of treatment completion by patients. The completion rate was 36.4 percent in 1990 and rose to 89.9 percent in 2000.

TB symptoms depend on where in the body the bacteria are

growing. TB in the lungs may cause a bad cough that lasts longer than two weeks, pain in the chest and coughing up blood or sputum (phlegm from deep inside the lungs). Other symptoms of TB disease include weakness or fatigue, weight loss, loss of appetite, chills, fever and night sweats.

People with TB disease are most likely to infect others they are in close contact with every day in confined spaces. They include family members, friends and occasionally co-workers.

It is from birth to 2 years of age when children are most susceptible to diseases; therefore, they also run a higher risk that the bacteria may become active and cause TB disease.

People with HIV, the virus that causes AIDS, also are at a higher risk because they have extremely weak immune systems.

Others are people who are sick with other diseases that weaken the immune system.

## Calendar

### JUNE

**June 1-July 4**

**Fireworks Safety Month**

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

**National Safety Month**

American Society of Safety Engineers  
[www.asse.org](http://www.asse.org)

**Vision Research Month**

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

**National Scleroderma Awareness Month**

Scleroderma Foundation  
[www.scleroderma.org](http://www.scleroderma.org)

**3**

**National Cancer Survivors Day**

American Cancer Society  
[www.cancer.org](http://www.cancer.org)

**3-9**

**National Aphasia Awareness Week**

National Aphasia Association  
[www.aphasia.org](http://www.aphasia.org)

**National Headache Awareness Week**

National Headache Foundation  
[www.headaches.org](http://www.headaches.org)

**11-17**

**National Men's Health Week**

National Men's Health Foundation  
[www.nmhw.org](http://www.nmhw.org)

**25-July 1**

**Helen Keller Deaf-Blind Awareness Week**

Helen Keller National Center for Deaf-Blind Youth and Adults  
[www.helenkeller.org](http://www.helenkeller.org)

**26-27**

**Light the Night for Sight**

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

**28-July 5**

**Eye Safety Awareness Week**

United States Eye Injury Registry  
[www.hkerf.org/useir.htm](http://www.hkerf.org/useir.htm)

**30-July 4**

**National Sobriety Checkpoint Week**

Mothers Against Drunk Driving  
[www.madd.org](http://www.madd.org)

**8-14**

**National Therapeutic Recreation Week**

National Therapeutic Recreation Society  
[www.nrpa.org/branches/ntrs.htm](http://www.nrpa.org/branches/ntrs.htm)

# Injuries, drownings taking toll on area children

Unintentional injuries, especially car crashes, are taking a toll on the lives of children living in Houston and Harris County.

Area motor vehicle crashes were to blame for 54 percent of all the unintentional injury deaths in 1998 and 1999, according to a report released in early April by the Houston/Harris County Child Fatality Review Team.

The group, comprised of representatives from several local organizations including the Houston Department of Health and Human Services (HDHHS), conducts a review each month of records and information about child fatalities in the county. It developed the report in an effort to identify trends and to help agencies implement prevention programs aimed at reducing the deaths of children up to 17 years of age.

The team released this year's report under the theme, "A Community that does not know how its children are dying cannot save them."

One hundred children died in motor vehicle crashes during the two-year period reviewed by the team. Drivers failing to obey traffic laws, excessive speeding, use of alcohol or drugs and driver inexperience were the leading factors that contributed to fatal car crashes.

Drowning was the second leading cause of fatal unintentional injuries, resulting in 35 child deaths in Harris County. Failure to provide adequate supervision contributed to 66 percent of the drownings.

Fifty-seven percent of all child-drowning deaths occurred in a swimming pool. Although 13 of the swimming pools had a fence or a gate, 11 were unlocked. Fourteen percent of the drownings took place in a natural body of water such as a lake or river and 25 percent occurred in other places such as a wading pool, bathtub, hot tub, pit or man-made pond.

The third leading cause of fatal unintentional injury resulted from asphyxiation due to smothering, strangulation or choking. Smothering includes suffocation by blanket, pillow or bag, another person lying on the

child, also known as overlay, and being wedged (such as in a playpen or between a bed and a wall). Infants accounted for 58 percent of the total fatal asphyxia injuries.

Homicides accounted for more than a quarter of all intentional injury deaths, most of them resulting from gun shot wounds and child abuse.

Fifty-four percent of the deaths could be attributed to firearm-related homicides; and, a handgun was the type of weapon most often used. Other gun-related findings by the team show that:

- males committed 78 percent of the firearm homicides,
- the perpetrator was usually someone unknown to the victim,
- Hispanic children were the victims of more than half of the

well as failure by the caregiver in seeking necessary medical care.

Suicide is another type of intentional injury reviewed by the team. Of the 34 suicides committed by children, 71 percent resulted from firearm injuries and the gun belonged to a parent in 46 percent of the incidents. Leading factors that contributed in some part to the child suicide included prior suicide attempt or ideation, problems in school, an argument with a parent and a breakup with a girlfriend or boyfriend.

Sudden Infant Death Syndrome, or SIDS, is the single most common cause of death among infants 1 to 12 months of age. SIDS is sometimes referred to as a diagnosis of exclusion because a complete death scene investigation, autopsy and review of clinical history fail to adequately reveal the cause of death.

The overwhelming majority – 86 percent – of all SIDS deaths in Harris County occurred among children between 1 and 4 months of age.

The American Academy of Pediatrics recommends that to reduce the risk of SIDS, healthy babies be put to sleep on their backs. During the review process, the team found that 70 percent of children who died of SIDS in Harris County were discovered positioned on their stomachs. SIDS deaths have declined in

recent years thanks to the "Back to Sleep" campaign, credited with bringing about the improvement in SIDS mortality and an historic low infant mortality rate in the United States.

A 5-year comparison revealed a disproportionate number of boys died from SIDS. A total of 127 boys died from 1995 to 1999 compared to 79 girls during the same period.

A total of 1,276 children died in Harris County in 1998 and 1999.

## Safety Tips

The team issued the following recommendations to agencies, parents and caregivers to help reduce the number of preventable deaths:

- Provide young adults with parenting education.
- Everyone in a car should be properly buckled in. Make sure that the infant/child car seat is properly installed and is the right size.
- Don't leave children unattended in a pool or a tub.
- Healthy babies should sleep by themselves, on their back, on a firm uncluttered surface.
- Don't give a child food that can easily lodge in their throat. Never leave young children unattended while they're eating foods such as hot dogs, hard candies or nuts.
- Have a plan to deal with crying infants. Remember: never touch a child in anger.

firearm homicides, and

- the majority of firearm homicide victims were teen-agers.

More than half of the homicide victims were infants who died due to child abuse. Infants had a homicide rate of 14.5 per 100,000 population.

Homicides that resulted from child abuse included incidents in which the victim was beaten, shaken, thrown, struck with a blunt object, hands and feet, drowned, shot, malnourished or left in a hot car as

# Salmonella cases increase annually in June

Every year, in Houston, salmonella cases increase in June.

According to a five-year review conducted by the Bureau of Epidemiology at the Houston Department of Health and Human Services, salmonella cases rise to anywhere from 30 to 50 cases from late June to October and then decline abruptly in November.

Salmonella ranked as the fifth most commonly-reported infectious disease between the years 1995 to 1999. During the period, health care providers reported to HDHHS a total of 1,259 salmonella cases, an average of 252 annually. Children under the age of five accounted for more than 44 percent of the reported salmonella cases, making them the most affected segment of the population.

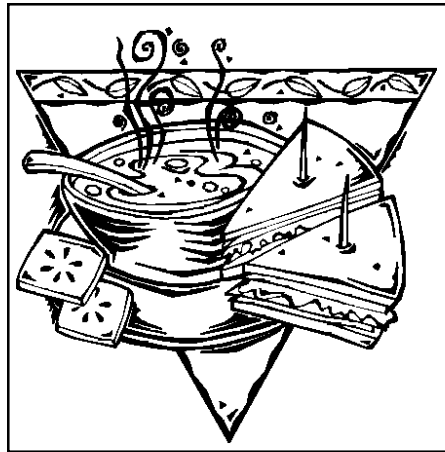
Below are answers to some of the most frequently asked questions about salmonella.

## Q: What is salmonella?

Salmonella is a bacterial infection causing fever, diarrhea and abdominal cramps. It usually lasts four to seven days and most people recover without treatment. However, in some people, the diarrhea may be so severe that hospitalization is needed. In these patients, the infection may spread from the intestines to the blood stream, then to other body sites and can cause death if it is not promptly treated with antibiotics. The elderly, infants and those with impaired immune systems are more likely to have a severe illness.

## Q: How are Salmonella infections treated?

Salmonella infections often do not require treatment unless the patient becomes severely dehydrated or the infection spreads from the intestines. People with severe diarrhea may require rehydration, often with intravenous fluids. Antibiotics are not usually necessary unless the infection spreads from the intestines. Unfortunately, some Salmonella bacteria



have become resistant to antibiotics, largely as a result of the use of antibiotics to promote the growth of livestock.

## Q: Are there long term consequences to a Salmonella infection?

People with diarrhea usually recover completely, although it may be several months before their bowel habits are entirely normal. A small number of persons who are infected

with Salmonella will go on to develop pains in their joints, irritation of the eyes and painful urination. This is called Reiter's syndrome.

## Q: How do people catch Salmonella?

The bacteria are usually transmitted to humans by eating foods contaminated with animal feces. Contaminated foods usually look and smell normal. Contaminated foods are often of animal origin such as beef, poultry, milk, or eggs, but all foods, including vegetables may become contaminated. Many raw foods of animal origin are frequently contaminated, but fortunately, thorough cooking kills Salmonella. Food may also become contaminated by the hands of an infected food handler, who forgot to wash his or her hands with soap after using the bathroom.

## Q: What can a person do to prevent this illness?

Since foods of animal origin may be contaminated with Salmonella, people should not eat raw or undercooked eggs, poultry or meat. Poultry and meat, including hamburgers, should be well-cooked, not pink in the middle. People also should not consume raw or unpasteurized milk or other dairy products. Produce should be thoroughly washed before consuming.

Source:

*Centers for Disease Control and Prevention (CDC)*

# Outreach a critical component for WIC program

Continued from Page 4

does not operate like a typical grant where funds are secured and then the program spends the money by providing services. The program earns the money by seeing the clients first and then hires additional staff to help more people.

"Outreach is needed so that we can maintain funds to provide services to those that are eligible," Walker said. "It is not a program designed to hold the money. We want

to make eligible people aware of benefits and enroll them in the program so we can have positive health outcomes. Some programs get paid for screening people out; we screen people in.

"Still, we are not out to feed everyone. We are out to feed pregnant women so they can have healthy babies. In doing so, we save millions of dollars for the taxpayers. For every dollar invested in WIC, studies have shown there are \$3 saved in

Medicaid expenses."

Houston and Harris County residents may request eligibility screening or may receive WIC referrals by any dietitian/nutritionist, nurse or physician from any health or medical facility, public or private, in the county.

HDHHS' WIC program operates 27 WIC sites, some of which are open weekends to accommodate working families. Residents may call 713-794-9090 to schedule a screening or locate the nearest WIC site.

# Progress lessens barriers for Houston newborns

Babies in the nation's big cities are more likely than newborns elsewhere in the country to face obstacles to a healthy start to life such as being born premature or at a low birth weight and having mothers who had little or no prenatal care and may be teenagers or unmarried.

Still, Houston in the 1990s saw improvements in three areas, demonstrating that progress is possible when it comes to overcoming barriers menacing at-risk newborns. Houston from 1990 to 1998 experienced striking reductions in births by teens who were already mothers, in the proportions of births to mothers who received late or no prenatal care and the percentage of mothers who smoked during pregnancy.

The Annie E. Casey Foundation and research organizations KIDS COUNT and Child Trends recently released the data on Houston advancements as part of their special report *The Right Start City Trends*. The report presents data on specific measures of a healthy start to life for the nation's 50 largest cities. It also identifies cities with notable improvements in specific measures and those that are performing much better than average.

The report documented a remarkable decrease in the percentage of

Houston births to women who received late or no prenatal care, from a high of 13 percent in 1993 to just 5 percent in 1994. From 1995 to 1998, births to women who received late or no prenatal care accounted for 4 percent of Houston births, slightly better than the 50-city average of 5.4 percent.

During the 1990s, a substantial drop occurred in the share of births by teens who were already mothers, from 29 percent in 1990 to 22 percent in 1998. The decline brought Houston rates from worse than the 50-city average in 1990 through 1993 to better than the average for the remainder of the decade.

Houston also witnessed a dramatic drop in the proportion of births to women who smoked during pregnancy, declining from 10 percent in 1990 to 4 percent in 1998. Houston performed significantly better throughout the decade in this measure because the rates of local mothers who smoke always remained nearly half of 50-city average.

Hurdles mentioned in the report as areas in which Houston was close to or worse than the 50-city average include low maternal education, pre-term births, low birth weight births and teen births.

During the 1990s, the proportion

of births to women with less than 12 years of education increased from 41 percent in 1990 to 44 percent in 1996 and then decreased to 42 percent in 1998. The values remained markedly worse than the 50-city average throughout this time.

"Those with less than a high school education find themselves in a difficult economic situation and have too many other things to take care of before tending to their health care," said Dr. Luther Harrell, Chief Physician with HDHHS' Division of Community and Personal Health Services. "They are either seeking employment or naturally have low paying jobs that make it difficult to meet their obligations. Paying rent and buying food and clothes take priority and they don't have the economic means that are essential to accessing preventive health services."

In both Houston and the 50 largest cities, pre-term births accounted for 13 percent of births throughout the decade.

The share of births that were low-birth weight in Houston remained stable and just a little better than the 50-city average from 1990 to 1998. Throughout this time, newborns with low-birth weight accounted for 8 percent of Houston births, compared with 9 percent in the 50 largest cities.

Throughout the decade, teen births accounted for 15 percent to 16 percent of Houston births, compared with a steady 15 percent of births in the 50 largest cities.

The yearly number of births in the city increased from 39,959 in 1990 to 42,044 in 1998. The increase was due to a dramatic increase in births to Hispanics, who accounted for 51 percent of Houston births in 1998, compared with only 39 percent in 1990. Births to both whites and blacks decreased over this period.

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City of Houston website:

[www.cityofhouston.gov](http://www.cityofhouston.gov)